

Inside Child Care

Fall 2001

CHILDREN AND SECOND-HAND SMOKE

Children whose parents smoke are forced to breathe air fouled by poisons such as carbon monoxide, ammonia, nicotine, and hydrogen cyanide, as well as many cancer causing compounds. The sidestream smoke that curls into the air from cigarettes carries even higher levels of toxins than the mainstream smoke that cigarette users inhale. Children of smokers suffer many more respiratory infections, asthma, and sudden infant deaths (SIDS) than children of nonsmokers. They are twice as likely to develop lung cancer in adult life as children of nonsmokers.



Nonsmoking adults who spend years breathing the smoke from their partners' cigarettes have an increased risk of dying from heart disease due to an inadequate supply of oxygen to the heart. Long-term exposure to secondhand smoke also may put children at risk for heart disease in adulthood. The best thing you can do for your child's health is not to smoke, and not to allow smoking in your home. If you smoke, until you can stop, never smoke in your car, inside your home, or anywhere near your children.

American Academy of Pediatrics "Guide to Your Child's Nutrition" Chapter 12, Page 169.

Seek
and
demand
quality
child
care



IN THIS ISSUE:

- Child Care Learning
- Get the Lead Out!
- Early Head Start Basics
- Grants for Playground Safety
- Improving Pest Control
- Poison Checklist
- Recipe Corner
- Child Product Recalls
- Child Care Home Corner
- New Legislation
- ...and more!



Parent Helpline
1-888-463-5473
Provider Information
1-877-511-1144
Institutional Abuse Hotline
1-800-562-2407



[www.IN.gov/
childcarelearning](http://www.IN.gov/childcarelearning)

CHILD CARE LEARNING

Web-based courses offer educational opportunities in child care for child care workers across Indiana

Child care providers wanting to earn a Child Development Associate (CDA) credential now have the opportunity to earn the credential at home via a new based instruction model.

Indiana's new Online Child Care Learning program becomes the nation's first to offer courses online that focus on enhancing professional skills and the development of young children. The program offers participants a chance to earn a complete CDA credential for college credit while never leaving their home.

The first students to enroll will begin completing necessary course work June 16, 2001 through the first phase pilot program. The second phase of the pilot will begin July 14, 2001.

The online program represents an innovative partnership between the Indiana Family and Social Services Administration (FSSA), Ivy Tech State College, St. Mary-of-the-Woods College, Indiana Head Start, the Indiana Association for the Education of Young Children, and the Indiana Child Care Fund, Inc.

The online courses will be administered by Ivy Tech State College and St. Mary-of-the-Woods College.

Each student enrolled will be paired with an early childhood development professional who will serve as their mentor. The mentor will work with a small group of students to guide, support and act as a knowledgeable resource for child's physical, social, emotional, and intellectual growth in a child development framework.

By fulfilling the CDA credential, participants will complete courses on the specific needs of children and how to work with parents and other adults to nurture a child's physical, social, emotional, and intellectual growth in a child development framework.

Content of the online instruction includes work in planning a safe, healthy environment to invite a child's learning; steps to advance children's physical and intellectual development; positive ways to support children's social and emotional development; strategies to establish productive relationships with families; strategies to manage an effective child care business; maintaining a commitment to professionalism; observing and recording children's behavior; and principles of child development and learning.

To learn more about Online Child Care Learning, to find out about scholarship and grant opportunities to help pay for coursework, or to apply for the program, visit the Online Child Care Learning web site at www.IN.gov/childcarelearning.

www.IN.gov/ **childcarelearning**
Online, Anytime Learning for Child Care Providers



GET THE WORD OUT — TO GET THE LEAD OUT!

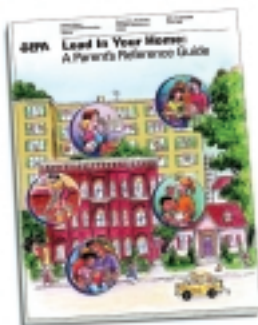
Now available: a free lead poisoning prevention packet of materials designed to be used by day care centers to educate parents! The good news is that lead poisoning is preventable, but only if parents, teachers and child care providers are aware of the hazards of lead. The EPA, working with the National PTA, has put together the following packet of educational materials, including colorful posters for classrooms, practical how-to information, and much more:

- National PTA/EPA "Get the Word Out — to Get the Lead Out" brochure (includes practical tips to use in your home, school and community)



- "Runs Better Unleaded" poster, brochure, tips, cards, bookmarks (with camera ready art for reproduction purposes.)

- Parents Guide poster featuring information on how to obtain "Lead in Your Home: A Parent's Reference Guide"



- Ten Tips to Protect Children from Pesticide and Lead Poisonings Around the Home.
- Pest Control in the School Environment: Adopting Integrated Pest Management.

Lead is recognized as one of the most significant environmental health threats to American children. It is estimated that almost 1,000,000 American children under the age of six have elevated blood lead levels. Lead can damage the brain and nervous system, and even a low level of lead exposure can cause learning disabilities, hearing loss, speech, language and behavior problems, and other serious health effects.

Get your child care facility on board now to "Get the Word Out — to Get the Lead Out!" Call 800-424-LEAD, press 0 for the operator and ask for the teacher packet.

WHY TODDLERS BITE



The first thing to remember is that biting for toddlers is a natural behavior. One reason a toddler may bite is because of teething discomfort. Providing teething toys and healthy foods to chew will help relieve discomfort.

Oral exploration, a part of learning at this age, is another explanation for very young children biting. Encourage other positive tactile experiences where children can touch and feel.

A child may bite as a result of language frustration. Helping a toddler develop language skills and express their needs is a method of prevention.

Toddlers need private space to be alone. Section off areas with low open shelving to prevent crowding and aggression as most young children are not ready to share.

Preventing Contamination from Hands

Section 109 of the 410 IAC 7 20 (Retail Food Code) specifies the criteria for which any hand sanitizer must comply in a retail food establishment. According to the FDA, there have not been any products approved based on this criteria for their intended use on hands, with the exception of pure ethyl or isopropyl alcohol. There are other ingredients found in common hand sanitizer that have not been approved as food additives and therefore, if used, must be rinsed off or gloves must be donned before touching food. In addition, according to FDA, these products have also not been proven effective against viral contamination and should not be considered as a substitute for thorough hand washing.



EARLY HEAD START BASICS

Donna Hogle, Indiana-Head Start Partnership Coordinator

"All children from birth to age three need early child development experiences that honor their unique characteristics and provide love, warmth, and positive learning experiences; and all families need encouragement and support from their community so they can achieve their own goals and provide a safe and nurturing environment for their very young children."

The statement of the Advisory Committee on Services for Families with Infants and Toddlers. September 1994

Providers in early childhood education understand the developmental significance of the period from birth to three. In 1994 the U.S. Congress created Early Head Start (EHS) along with the reauthorization of Head Start. It was determined that the purpose of EHS is to promote healthy prenatal outcomes for pregnant women, enhance the development of very young children, and promote healthy family functioning. Unlike Head Start, which serves ages 3 through 5, the EHS programs serve pregnant women, infants and toddlers. Currently there are 635 community-based programs in the country and 12 in Indiana.

Early Head Start incorporates the most recent research and best practices in providing services

to low-income young children. Early brain development research of the 90's had a major impact on the development of the EHS model. The programs provide intensive, comprehensive, yet flexible program services designed to reinforce and respond to the individual strengths and needs of each child and family. Services include:

- quality early education both in and out of the home;
- parenting education;
- comprehensive health and mental health services, including services to women before, during and after pregnancy;
- nutrition education; and
- family support services.

As is the case with Head Start, the Early Head Start is a child development program primarily for low-income families who meet the federal income poverty guidelines. Head Start Program Performance Standards (discussed in an earlier article) require that at least 10 percent of the funded slots be made available to children with disabilities. Once enrolled, children are eligible for EHS until 3 years of age or when they are transitioning into an appropriate preschool setting.

Professional development is an important element in increasing the quality of

both EHS and Head Start programs. In the 1998 reauthorization of the Head Start Act, the mandate was established that 50 percent of the center-based early childhood education staff would have either an AA or BA degree by 2003. Programs are now working hard to achieve this mandate.

This very brief synopsis has been intended to provide you with the basics of the EHS program. If you are interested in finding out more about Early Head Start or where the programs are located in the state, you are welcome to contact the Indiana-Head Start Partnership Coordinator at (317) 233-6837 or dhogle@fssa.state.in.us.

This is the third in a series of articles about Head Start intended to increase wider knowledge about the program.



INDIANA TO ISSUE GRANTS FOR CHILD CARE PLAYGROUND SAFETY

Indiana's 685 licensed child care centers will each soon get a chance at a \$5,000 subsidy to make their playgrounds safer.

James Hmurovich, director of FSSA's Division of Family & Children (DFC), announced May 22nd that the division soon will solicit requests for proposals for playground safety grants. Centers whose proposals qualify them will get dollar-for-dollar matching grants in amounts up to \$5,000. He said the DFC has dedicated \$500,000 for state fiscal year 2001 for the playground safety grants. Grant money is being made available from federal funds from the Child Care Development Fund.

According to the National Program for Playground Safety, playground injuries have been increasing. In calendar year 2000, Indiana's licensed child care centers reported 144 children were injured on playgrounds.

The grants have not previously been offered to states. The money will help licensed child care

centers reduce injuries to children by enabling them to add new equipment or improve play surfaces in line with new proposed rules for child care centers the division plans to issue this summer.

Proposed new rules will hew to national guidelines for playground safety. Current rules require only that playgrounds in Indiana's child care centers be "safe and free of hazards." Hmurovich said centers began receiving information about the availability of funds and details of the application procedure on or about June 1.

"This is another effort by the Family and Social Services Administration to provide a bit more peace of mind to working parents who must rely on professional child care providers to watch their children," Hmurovich said. "These are matching grants that provide an incentive and assistance to help protect children better; something we all can agree upon."

To qualify for the grants, centers must first eliminate any current hazards on their playgrounds, as verified by a certified playground

safety inspector. Grants received can be used to buy equipment, protective ground cover or to make playgrounds or equipment accessible under standards of the Americans with Disabilities Act.

Of the 144 injuries centers reported last year, 86 were equipment-related. Indiana began keeping statistics on playground safety in licensed child care centers in 1991. Since then there have been 937 injuries on playground equipment, 629 of them from falls. Of the 629, there were 285 broken bones, 256 requiring stitches, 42 head injuries, seven requiring surgery and five requiring CT scans.

Last year, the Division of Family and Children surveyed 188 playgrounds of licensed child care centers and found that 167 (89%) of those had some type of hazard. Five other states, including Michigan, Texas, North Carolina, New Jersey and California, have already established playground safety requirements. Indiana will join the leaders, committing our state to protect children by

ensuring our licensed centers have safe places for children to play.

Several licensed centers, including four national child care center chains that operate in Indiana, have already upgraded their playgrounds to the new standards. Most centers can eliminate equipment hazards by adding appropriate ground cover. These corrections generally cost less than \$10,000. Grant awards will be distributed on a first come, first served basis with priority given to elimination of hazards. The Division of Family and Children will review the success of this program after the initial six months to determine if additional resources will be made available to continue this project.



Improving Pest Control and Children's Health through Integrated Pest Management

Al Fournier, IPM in Schools Coordinator, Purdue University



Pests, Pesticides, and Children's Health

Providing a safe and enjoyable learning environment for children is a top priority for all child care facilities. But how much thought have you given to your pest management program?

Several pests commonly found in Indiana schools and child care centers can pose a serious threat to children's health.

- Flies spread bacterial diseases
- Cockroaches spread bacterial diseases, and can trigger allergies and acute asthma attacks in sensitive people
- Yellow jacket stings are painful and can be life-threatening to some people
- Rodents contaminate food and spread disease

On the other hand, some of the pest control methods traditionally used in child care facilities have themselves raised concerns. A 1993 report from the National Academy of Science found that children are at greater risk than adults for negative health effects following exposure to pesticide residues. Children's bodies are in a developing state, and because they breathe more air, drink more water, and consume more food per pound of body weight than adults, they are more likely to encounter and take in pesticide residues. Behaviors such as crawling and hand-to-mouth activities further increase their risk of exposure.

The Integrated Pest Management (IPM) Solution

The good news is that the need for pesticides can be greatly reduced in children's environments without compromising good pest control. Integrated Pest Management (IPM) is an ecological approach to pest control that effectively manages pests while minimizing the potential for adverse effects on people and the

environment. IPM employs a number of different strategies, combined with knowledge about pest behavior and biology, to reduce or eliminate pest problems with fewer pesticide products. Simply put, an IPM program results in fewer pests with fewer pesticides.

IPM reduces pest populations and pesticide applications through education of staff, proper building maintenance to exclude pests, improved sanitation, and continuous monitoring of pest populations. Pest problems are minimized by limiting the resources that pests need to thrive. With IPM, routine preventive pesticide applications are eliminated. A monitoring program is used to determine when and where pests are present. If a pesticide treatment is needed to control a pest threat, a low-toxicity material such as a bait is used, and is placed in the areas where pests hide, greatly reducing the potential for human exposure to chemical residues. Pesticides are never applied in the presence of children or staff.

IPM works because it eliminates the practices and conditions that cause the pest to be there in the first place.

We Can Help!

The IPM Technical Resource Center at Purdue University assists schools and child care facilities in developing IPM programs that will:

- Effectively control pests that may threaten children's health
- Utilize a variety of pest control methods including non-chemical strategies
- Minimize the potential for pesticide exposure of children or other building occupants

We work with pest control professionals as well as schools and child care programs to provide easy access

to technical information, tools, materials, and training opportunities in Integrated Pest Management.

For more information call the IPM Technical Resource Center at 1-877-668-8IPM (Toll Free) or visit us online at www.entm.purdue.edu/entomology/outreach/schoolipm/.

Pesticide Poisoning

Almost half of all households with children under the age of 5, have at least one pesticide stored in an unlocked cabinet and less than 4 feet off the ground (i.e. within reach of children). 75% of households without children under the age of 5 also store one pesticide within reach of children. This number is especially significant because 13% of all pesticide poisonings occur in homes other than the child's home.

(Text provided by CPSC)

What should you do?

1. Tell parents to alert others, especially grandparents, about the potential hazard pesticides may cause.
2. Have a policy at your facility prohibiting the use of pesticides by anyone except your licensed contractor. DO NOT allow teachers to bring cans of pesticide from home. And do not, under any circumstances, allow pesticides to be stored in classrooms. Child care facilities should not need to keep pesticides on the premise at all. Your licensed contractors should not store pesticides at your facility.
3. If you need to apply pesticides, ask your contractor to use baits rather than spray. This reduces the risk of exposure to children.
4. Before applying pesticides (indoors and outdoors), remove children and their toys from the area and keep them away until it is dry or as recommended by the label.

Integrated Pest IPM Practices Management

Here is a list of the top IPM practices you can implement at your facility:

- Install or repair weather seals on all doors to eliminate pest entryways
- Improve sanitation, especially in hard-to-reach areas
- Reduce clutter! Pests thrive in boxes and papers and other disorganized, neglected materials
- Keep dumpster areas clean and keep dumpster rain lids closed
- Repair any plumbing leaks to reduce moisture available for pests
- Caulk or seal holes and gaps in walls and equipment that allow pests access to living space
- Work with your pest control service to perform an inspection and start a monitoring program for pests
- Insist that pest control services use only targeted treatments of low-impact pesticides to eliminate pests, and only when needed
- Improve education and communication between administrators, staff, and contractors

Children Act Fast – So Do Poisons!

Follow this checklist to learn how to correct situations that may lead to poisonings.

If you answer “No” to any questions, fix the situation quickly.

Your goal is to have all your answers be “Yes”.

1. Yes No Do all harmful products in the cabinets have child-resistant caps? Products like furniture polishes, drain cleaners and some oven cleaners should have safety packaging to keep little children from accidentally opening packages.

2. Yes No Are all potentially harmful products in their original containers? There are two dangers if products aren’t stored in their original containers. Labels on the original containers often give first aid information if someone should swallow the product. And if products are stored in containers like drinking glasses or pop bottles, someone may think it is food and swallow it.

3. Yes No Are harmful products stored away from food? If harmful products are placed next to food, someone may accidentally get a food and a poison mixed up and swallow the poison.

4. Yes No Have all potentially harmful products been put up high and out of reach of children? The best way to prevent poisoning is making sure that it is impossible to find and get to the poisons. Locking all cabinets that hold dangerous products is the best poison prevention.

5. Yes No Do your aspirins and other potentially harmful products have child-resistant closures? Aspirin and most prescription drugs come with child-resistant caps. Check to see that you have them, and that they are properly secured. Check your prescriptions before leaving the pharmacy to make sure the medicines are in child-resistant packaging. These caps have been shown to save the lives of children.

6. Yes No Have you thrown out all out-of-date prescriptions? As medicines get older, the chemicals inside them can change. So what was once a good medicine may now be a dangerous poison. Flush all old drugs down the toilet. Rinse the container well then discard it.

7. Yes No Are all medicines in their original containers with the original labels? Prescription medicines may or may not list ingredients. The prescription numbers on the label will however, allow rapid identification by the pharmacist of the ingredients should they not be listed. Without the original label and container, you can’t be sure of what you’re taking. After all, aspirin looks a lot like poisonous roach tablets.

8. Yes No If your vitamin or vitamin/mineral supplements contain iron, are they in child-resistant packaging? Most people think of vitamins and minerals as foods and, therefore, nontoxic, but a few iron pills can kill a child.

9. Yes No Have you made sure that no poisons are stored in drinking glasses or pop bottles? When all your answers are “Yes”, then continue this level of poison protection by making sure that, whenever you buy potentially harmful products, they have child-resistant closures and are kept out of sight and reach. Post the number of the Poison Control Center near your telephone.

RECIPE CORNER

Dish: **HONEY FRUIT COMPOTE**

From the kitchen of: Vonetta G. Williams, Developmental Training Centers, Gary, IN.

Ingredients:

- 1 (20 oz.) can pineapple chunks
- 2 (11 oz.) cans mandarin orange sections
- 1 1/2 cups green or red seedless grapes
- 3/4 cup kiwi peeled and sliced
- 1/2 cup unsweetened orange juice
- 1/2 cup honey
- 1 T lemon juice

Directions:

Drain pineapple and mandarin oranges, reserve the juice. Combine pineapple chunks, orange sections, grapes, and kiwi slices in a large bowl. In a separate bowl, mix pineapple juice, mandarin orange juice, orange juice, honey, and lemon juice together. Pour liquid mixture over the fruit. Cover & chill.

Yield: 30 - 1/4 cup servings
Sample breakfast menu: Honey Fruit, 3/4 cup milk, Muffin

FINE FINGER FEASTS

Most children love eating with their fingers. While we certainly think that they should get lots of practice with flatware, we know that meals that can be eaten entirely with the fingers are a fun change of pace.

They're also easy on the cook.

Chicken Fingers
Bread Sticks
Assorted Raw Veggies
Apple Wedges
Milk

Cold Meatloaf Cubes
Oven Fried Potato Sticks
Broccoli & Dip
Crackers
Milk

Fish Sticks
Sweet Potato Fries
Zucchini &
Green Pepper Strips
Pineapple
Roll
Milk

Cold Sliced Turkey
Wheat Rolls
Sliced Tomato &
Cucumber
Cantaloupe Balls
Milk

Bean Dip
Tortillas (heated &
cut into strips)
Cheese Cubes
Cherry Tomatoes
Watermelon Wedges
Milk

English Muffin Pizza
Assorted Raw Veggies
Bananas
Milk

FAMILY STYLE DINING

Family style dining has been on the horizon for several years. Now that more Indiana centers are being accredited by the National Association for the Education of Young Children and other accrediting agencies, various levels of child participation in their mealtimes are being implemented.

Family style dining means that the children are actively involved in serving their food. There are variations in the methods used. With younger children, the teacher sits down and serves the food from containers on the table as you would in a family setting. For older children, the prepared food is put into serving bowls and passed around the table to each child. Portion sizes are controlled by measured serving utensils, and each child is required to take the proper portion of each food item. Whether the child eats or not is his choice. Sometimes encouragement is needed.

Family style dining requires a good deal of supervision from the teacher. Staff needs to gently guide each child and watch for those children who may have dexterity problems. Even more important, staff must be diligent in observing hand washing and table sanitizing. Also, staff must observe any sneezing, coughing, or runny noses. Any food that is spoiled, damaged, contaminated or spilled must be replaced.

Family style dining requires constant vigilance and a willingness on the part of the provider to incorporate mealtime into a meaningful learning experience. Remember, also, that this should be as enjoyable and as relaxed a time as possible. Eating is a fun part of our daily lives.



A Word about Snack Times

Under Indiana Child Care regulations, children must receive two snacks per day. Children are required to wash their hands, tables must be sanitized, and children must sit down at these tables to eat. The child does not have a choice at this point. The child's choice may be to refuse the snack, however, it must still be offered. Children are not to sit on the floor for snacks or at any other place except sanitized tables. Field trips or picnics are the only exception.

CHILD PRODUCT RECALL

Dangerous baby jumper recalled by Cosco

INDIANAPOLIS STAR ONLINE FRIDAY, MARCH 30, 2001

Cosco recalls bungee baby jumpers

Columbus-based Cosco Inc. is recalling 170,000 "bungee baby jumpers" out of concern that they pose a safety threat to infants.

Cosco and the Consumer Product Safety Commission say they have received 82 reports of the bungee seat falling to the floor. As a result, 15 babies suffered bumps, bruises and scratches, mostly to the head.

The jumper allows babies to bounce while supported in a seat suspended from a doorway via an elastic bungee cord. The company says metal clasps can detach from the bungee cord, causing the unit to fall to the floor.

Model numbers 04-461 and 04-468 are being recalled. Consumers are urged to stop using the jumpers immediately and to contact Cosco for a free repair kit.

CHILD PRODUCT RECALLS

Want to know about child product recalls the same day they happen? Just subscribe to the CPSC's E-mail Subscription List. You can have agency press releases, which include product recall and other safety information and the agency's public calendar, automatically sent to you by e-mail the same day they are issued. To subscribe, visit their web site at: www.cpsc.gov/about/subscribe.html.

CHILD CARE HOME CORNER

NEW LEGISLATION CALLS FOR BETTER QUALITY CHILD CARE

By Anita R. Smith, Child Care Home Licensing Consultant

Senate Enrolled Act 110 was signed by Governor O'Bannon on May 11, 2001. Many of the highlights of the legislation represent better quality care for the children in licensed child care homes.

Senate Bill 110 requires that all new applicants for child care homes have a minimum of a high school diploma or GED and also agree to complete a Child Development Associate (CDA) Credential or its equivalent. This new requirement does not apply to those providers issued a license before June 30, 2001. Therefore, licensed providers seeking relicensure will not have to meet the education requirement. The CPR requirement has been changed to be more customer friendly. With the new law, all CPR cards in a current status will be honored whether the card is good for either two years or one. The new legislation also changes the definition of a child care home to allow licensed providers to care for up to three (3) additional school age children when the provider meets certain conditions. Applications for Class II child care homes are now being accepted also. Class II child care homes have a maximum capacity of 16 children and must meet more stringent fire prevention standards.

NEW LEGISLATION AFFECTING CHILD CARE PROVIDERS ACCEPTING

CCDF VOUCHERS

As a result of the efforts of many legislators, early childhood educators, families as well as state and local child care administrators, the General Assembly passed legislation in the recent session that will promote the quality of child care and require a minimum standard of care for child care providers. Effective July 1, 2001, Senate bill 110 requires all child care providers receiving voucher payments to meet eight minimum standards.

This bill overrides current local minimum standard policy in your county. Any current monitoring responsibilities will be transferred to the Division of Family and Children after October 1, 2001.

After October 1, 2001 any individual wishing to become a child care provider for the voucher program must comply with the minimum standards prior to participation. All currently enrolled providers will have 12 months to meet the minimum standards. At that point, failure to comply with the standards will result in the inability to receive a voucher payment.

The eight minimum standards are as follows:

1. A provider shall have a working smoke detector.
2. A provider who is an individual shall provide results of an intradermal tuberculosis test for themselves as well as any individual over the age of 18 living in the provider's home. A child care facility shall provide results of an intradermal tuberculosis test for all employees of the facility.

3. All providers shall have written plans for notifying parents of illness, serious injury, or death of a provider; care in an emergency and emergency evacuation plans that are posted in a conspicuous location.
4. A provider shall maintain current certification in infant and child CPR and first aid.
5. A provider shall have at least one working telephone in each facility where care is provided.
6. A provider shall have monthly documented fire drills.
7. A provider shall provide a safe environment by ensuring firearms, ammunition, poisons, chemicals, bleach and cleaning materials are kept in an area inaccessible to the children in their care.
8. A provider shall, at the provider's expense, provide a copy of limited criminal history for the provider as well as any individual residing in the provider's home over the age of 18 or under the age of 18 and previously waived from juvenile court to adult court. A child care facility shall, at their expense, provide a criminal history check on all individuals employed by the facility. A provider who has been convicted of a felony is ineligible to receive a voucher payment. A provider shall report any police investigation, arrests or criminal convictions not listed on a limited history of any individual employed by the facility.

If you currently accept CCDF vouchers or you wish to become a voucher provider, you will need to meet these requirements.

If you have questions, please contact Janet Deahl, Educare Manager at (317) 232-3096.

JULY 1, 2001

CHILD CARE CENTERS: TRANSPORTATION

Senate Enrolled Act 501 was passed by the General Assembly, signed by Governor O'Bannon and became law on July 1, 2001. The law affects child care centers that provide for transportation of children.

This new law requires that:

- Child care centers transporting children in a vehicle with a manufacturers' rated capacity of greater than 10, must use the same vehicle meeting the requirements of state law for the transportation of public school children.
- The above vehicles must be inspected by the Indiana State Police.
- This new law does not prohibit child care centers from contracting for transportation services if the contractual carrier and vehicle meets the requirements of this legislation and complies with appropriate Federal requirements. It also allows child care centers to use transport vehicles (other than school buses and special purpose buses, as defined in the law) purchased before July 1, 2001 until June 30, 2006. Similarly, contractual agreements for transportation may remain in effect until those contracts expire.

If you have further questions, please contact Keith Carver, Licensing Manager, at (317) 232-4740.

NOTICE CPR REQUIREMENTS

Senate Bill 110 changes the annual CPR requirement for licensed child care providers to current certification in CPR.

CPR cards in a current status will be accepted up to the expiration date on the card

NOTICE COMING IN LATE OCTOBER:

First Aid/CPR/Universal Precautions training will be available statewide under a state contract with PROTRAIN. To access training in your region contact 1-888-532-4224 or access on line at www.callprotrain.com.

STATE ANNOUNCES NEW WEB ADDRESS

This is to announce a new address for the accessIndiana web site. The new address is

www.IN.gov

This new URL provides us with a host of benefits, including:

- It's intuitive and says who we are – we are Indiana (IN) government (.gov)!
- IN.gov is short and sweet, which makes it easier for people to remember
- Perhaps most important to you, agencies will now be able to market their name or service as a prefix in this URL (example: www.technology.in.gov or www.stateparks.in.gov)

Q & As FROM THE REFEREE

Q: Are there State and Federal labor posters available, through the government, at no charge to consumers?

A: Yes. Contact the Indiana Department of Labor at (317) 232-2655 for information on how to obtain several state and federal labor posters. Remember these posters are free of charge.

Q: Must my staff wear hair restraints when serving food to children in a classroom setting?

A: Hair restraints must be worn by staff when food is being served on children's plates and when staff are preparing meals. Hair restraints are not required if food is being served "family style" and/or when food has already been placed on the plate, in the kitchen, and is then given to the child.

Reminder: Effective January 1, 2002 – Health surveyors will begin checking for documentation of the "Foodborne Illness Prevention Training" required by 410 IAC 7-20. Failure to have the training documented will be cited as a critical deficiency.

UPCOMING EVENTS

NEW APPLICANT TRAINING:

(for proposed child care centers, registered ministries, group homes and child care institutions)

October 3, November 7, December 5, 2001, January 2, 2002

Indiana Government South - Training Center, Rm. W141

1-877-511-1144

FOODBORNE ILLNESS PREVENTION TRAINING:

(child care centers and child care institutions)

**October 10, 2001 - Marion Co., October 25, 2001 - St. Joseph Co.,
November 14, 2001 - Allen Co., November 29, 2001 - Marion Co.,
January 24, 2002 - Vanderburgh Co.**

317-233-5412 Fax: 317-234-1513

Family and Social Services Administration
402 W. Washington
Indianapolis, Indiana 46204

PRESORTED STANDARD
US POSTAGE
PAID
PERMIT NO. 681
FORT WAYNE IN